NORTHERN WI CTR FDD

2820 E PARK AVE

CHIPPEWA FALLS 54729 Phone: (715) 723-5542		Ownership:	State
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	93	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/04):	99	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	85	Average Daily Census:	125

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)	%					
Home Health Care No		Primary Diagnosis	8	Age Groups	*	Less Than 1 Year	4.7	
Supp. Home Care-Personal Care	No					1 - 4 Years	15.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	91.8	More Than 4 Years	80.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	3.5			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	3.5		100.0	
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	1.2	**********		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Resident		
Home Delivered Meals No		Fractures	0.0	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	8.2			
Transportation	No	Cerebrovascular	0.0			RNs	9.9	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	19.4	
Other Services	Yes	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	57.6	Aides, & Orderlies	191.8	
Mentally Ill	No			Female	42.4			
Provide Day Programming for			100.0					
Developmentally Disabled Yes				İ	100.0	İ		
***********	****	* * * * * * * * * * * * * * * * * * *	*****	* * * * * * * * * * * * * * * * * * *	******	* * * * * * * * * * * * * * * * * * *	******	

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay	2		amily Care			anaged Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				85	100.0	594	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	85	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		85	100.0		0	0.0		0	0.0		0	0.0		0	0.0		85	100.0

County: Chippewa Facility ID: 9990 Page 2
NORTHERN WI CTR FDD

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	nd Activities as of 12	/31/04
Deaths During Reporting Period				% Needing		Total	
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	10.6		55.3	34.1	85
Other Nursing Homes	0.0	Dressing	29.4		38.8	31.8	85
Acute Care Hospitals	0.0	Transferring	70.6		8.2	21.2	85
Psych. HospMR/DD Facilities	83.3	Toilet Use	27.1		37.6	35.3	85
Rehabilitation Hospitals	0.0	Eating	38.8		38.8	22.4	85
Other Locations	16.7	******	******	*****	******	*******	*****
Total Number of Admissions	6	Continence		용	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	piratory Care	9.4
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	63.5	Receiving Trad	cheostomy Care	0.0
Private Home/With Home Health	3.8	Occ/Freq. Incontiner	nt of Bowel	38.8	Receiving Suct	tioning -	2.4
Other Nursing Homes	0.0	Ī			Receiving Osto	omy Care	10.6
Acute Care Hospitals	0.0	Mobility			Receiving Tube	e Feeding	8.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	5.9	Receiving Mech	nanically Altered Diet	s 77.6
Rehabilitation Hospitals	0.0	į -				-	
Other Locations	91.1	Skin Care			Other Resident (	Characteristics	
Deaths	5.1	With Pressure Sores		0.0	Have Advance I	Directives	7.1
Total Number of Discharges		With Rashes		20.0	Medications		
(Including Deaths)	79					choactive Drugs	67.1

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This		FDD		All	
	Facility		cilities		ilties	
	%	8	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	90.1	93.1	0.97	88.8	1.01	
Current Residents from In-County	2.4	35.3	0.07	77.4	0.03	
Admissions from In-County, Still Residing	0.0	11.4	0.00	19.4	0.00	
Admissions/Average Daily Census	4.8	20.4	0.24	146.5	0.03	
Discharges/Average Daily Census	63.2	28.3	2.23	148.0	0.43	
Discharges To Private Residence/Average Daily Census	2.4	12.1	0.20	66.9	0.04	
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00	
Residents Aged 65 and Older	8.2	16.0	0.51	87.9	0.09	
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51	
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00	
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57	
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00	
Impaired ADL (Mean)*	47.3	55.0	0.86	49.4	0.96	
Psychological Problems	67.1	48.1	1.39	57.7	1.16	
Nursing Care Required (Mean)*	16.0	10.7	1.49	7.4	2.16	